

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019766

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 270 Primary Registration District No. 2050 Registrar's No. 39

FILED MAY 28 1962

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN CaruthersvilleLength of stay in 1b
35 Yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 205 E. 5th, St.Inside Limits
Yes ☒ No ☐c. CITY
OR
TOWN CaruthersvilleInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 205 E. 5th, St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
ObyeMiddle
D.Last
Coker4. DATE
OF
DEATHMonth
MayDay
23,Year
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-13-1904

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 hr

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

County Assessor

10b. KIND OF BUSINESS OR INDUSTRY

x

11. BIRTHPLACE (City and state or country)

Dyer, Co., Tenn.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Byrl Coker

13b. MOTHER'S MAIDEN NAME

Bertie Butler

14. NAME OF HUSBAND OR WIFE

Tommye Coker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

x

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Tommye Coker Caruthersville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line if
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Infection Myocardium
Coronary Artery DiseaseINTERVAL BETWEEN
ONSET AND DEATHJerked
?PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

5:30 A.M.

to May 13, 1962 and last saw him alive on May 13, 1962

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Caruthersville, Mo.

22c. DATE SIGNED

5-23-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

5-25-62

23c. NAME OF CEMETERY OR CREMATORY

Little Prairie Cemetery

23d. LOCATION (City, town, or county)

Caruthersville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Osburn Funeral Home, Hayti, Mo.

25. DATE RECD. BY LOCAL REG.

5-25-62

26. REGISTRAR'S SIGNATURE

Jack W Tipton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10785

207852

3

4 C

5 1

6

7 1

8 0

9 420.1

10

11

12 90-0

13 2-0

JUN 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James G. Debus

Licensed Embalmer No. 4185

P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.